

carrying out the examination with the patient in either a decubitus or sitting position.

Postoperative patients in whom acute renal insufficiency develops may also be examined ultrasonically. If there is an obstructive uropathy, the presence and severity of hydronephrosis can be assessed. In addition, the appearance of echoes within the bladder should raise a suspicion of blood clots within that organ.

The limitations of ultrasound are few and are well recognized. Excessive bowel gas or barium within the bowel prevents an adequate examination. Occasionally fluid within bowel loops simulates an abscess. It is therefore important to correlate the ultrasonic findings with those noted on a recent abdominal radiograph.

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Transcatheter Embolization

THE TECHNIQUE of purposeful selective arterial embolization, which has been applied to a variety of clinical situations, is a simple extension of the standard angiographic examination. A variety of substances have been employed as the embolus (such as autologous clotted blood or tissue, gel-foam particles, and various pellets and metallic foreign bodies), which is injected via the selectively placed angiographic catheter under close fluoroscopic control. This technique has been used to control bleeding, usually when nonresponsive to infusion of vasoconstrictors (for example, in trauma or neoplasms), and to infarct neoplasms to facilitate surgical removal or as a palliative measure.

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Diffuse Idiopathic Skeletal Hyperostosis (DISH)

IN 1950 Forestier and Rotes-Querol described a peculiar pattern of axial new bone formation characterized by flowing ossification along the anterior aspect of the vertebral column which they termed ankylosing hyperostosis of the spine. This disorder was recognized most frequently in elderly men and associated with mild clinical findings.

A recent clinical and radiographic investigation of extraspinal manifestations in 21 consecutive patients with typical changes of the vertebral column showed there to be a high incidence of associated hyperostosis at sites of ligament attachment including the pelvis, calcaneus, ulnar olecranon and patella—and suggested that diffuse idiopathic skeletal hyperostosis (DISH) was a

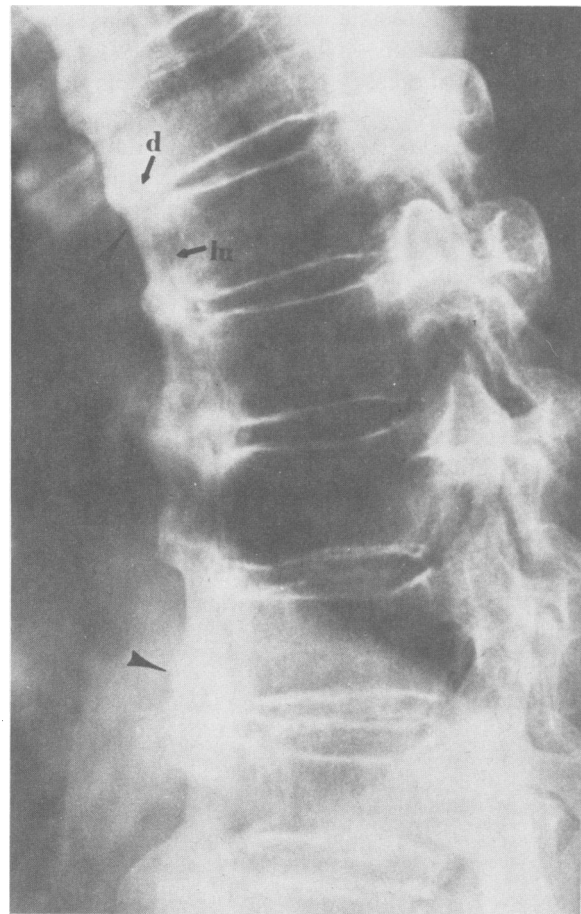


Figure 1.—Radiographic film showing hyperostosis of the thoracic spine. Note the anterior linear bone formation (arrowhead) with subjacent radiolucency (lu) and radiolucent disk extensions (d). The height of the disk spaces is relatively preserved.